

**NOTIFICATION IN CASE OF INMATE DEATH, SERIOUS INJURY,
OR SERIOUS ILLNESS**

CDC 127 (Rev 06/01)

CDC NUMBER	COMMITMENT NAME	INSTITUTION
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The inmate shall provide accurate information to identify the next of kin and any person(s) to be notified in the event of his/her death, serious illness, or serious injury as determined by a physician. In compliance with Penal Code Section 5022, the inmate shall provide the name(s), last known address(es), and telephone number(s) of the next of kin and person(s) to be notified. The inmate shall also notify his or her assigned Correctional Counselor of changes as soon as possible. Staff shall use reasonable effort to contact the person(s) identified by the inmate based on the information provided by the inmate. Therefore, it is important that the inmate ensure the information provided is current and accurate.

NAME OF KIN	STREET ADDRESS	TELEPHONE NUMBER (HOME)
RELATIONSHIP	CITY STATE ZIP CODE	TELEPHONE NUMBER (WORK)
NAME OF KIN	STREET ADDRESS	TELEPHONE NUMBER (HOME)
RELATIONSHIP	CITY STATE ZIP CODE	TELEPHONE NUMBER (WORK)

NAME OF PERSON TO NOTIFY	STREET ADDRESS	TELEPHONE NUMBER (HOME)
RELATIONSHIP	CITY STATE ZIP CODE	TELEPHONE NUMBER (WORK)

If the inmate has a will, the inmate shall identify the person to be contacted who possesses or has access to it. This form is not to be used as a will.

NAME OF CONTACT FOR WILL	STREET ADDRESS	TELEPHONE NUMBER (HOME)
ENTER NONE IF THERE IS NO WILL	CITY STATE ZIP CODE	TELEPHONE NUMBER (WORK)

Is inmate a foreign national? ☐ Yes ☐ No

This information shall be updated annually as part of the classification review process, as part of the classification committee review when the inmate is being referred to the Classification Staff Representative for program placement or transfer consideration, or whenever the inmate desires to revise the information.

DATE	INMATE'S SIGNATURE	COUNSELING STAFF WITNESS'S PRINTED NAME/ TITLE/ SIGNATURE	INSTITUTION
DATE	INMATE'S SIGNATURE	COUNSELING STAFF WITNESS'S PRINTED NAME/ TITLE/ SIGNATURE	INSTITUTION
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Additional instructions are listed on the back of this form.

DISTRIBUTION
 ORIG - C-FILE
 COPY - INMATE

THIS FORM IS NOT A WILL

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PENAL CODE SECTION 5022

- (a) Upon entry of a prisoner in a facility operated by the Department of Corrections and at least every year thereafter, the Director of Corrections shall obtain from the prisoner the name and last known address and telephone number of any person or persons who shall be notified in the event of the prisoner's death or serious illness or serious injury, as determined by the physician in attendance, and who are authorized to receive his or her body. The persons shall be noted in the order of the prisoner's preference. The Director of Corrections shall provide the prisoner with the opportunity to modify or amend his or her notification list at any time.
- (b) The Director of Corrections shall use all reasonable means to contact the person or persons set forth in the notification list upon the death or serious illness or serious injury, as determined by the physician in attendance, of the prisoner while confined in a facility operated by the Department of Corrections.

SELECTIONS FROM PENAL CODE 5061

Whenever any person confined in any state institution subject to the jurisdiction of the Department of Corrections dies, and no demand or claim is made upon the Director or his or her designee for the body of the deceased inmate by the inmate's next of kin or legally appointed representative, the director shall dispose of the body by cremation or burial no sooner than 10 calendar days after the inmate's death. The Director or his or her designee may waive the 10-day waiting period for disposal of the deceased inmate's body if confirmation is received that the inmate's next of kin, or other individual identified by the inmate, refuses to take possession of the body. If any personal funds or property of that person remains in the custody or possession of the Director of Corrections, the funds shall be applied to the payment of his or her cremation or burial expenses and related charges.

INSTRUCTIONS FOR COMPLETING CDC FORM 127

1. Initial preparation of CDC Form 127 shall be completed at the Reception Center during reception center processing.
2. Staff shall be responsible for interviewing the inmate to obtain and document the necessary information on the form. The CDC Form 127 **shall not** be completed by the inmate.
3. The inmate is responsible for providing complete and accurate information to the CC I or person who is preparing this form. The inmate shall identify each person to notify by full name, relationship of the person to inmate, the complete mailing address, the home telephone number, and the work telephone number.
4. The inmate's dated signature must be witnessed by a counseling staff member and documented with the date, staff member's printed name, signature, and institution.
5. Information shall be updated annually as part of the inmate's annual classification review process and when referred to the Classification Staff Representative for program placement or transfer endorsement. The information shall also be updated upon the inmate's request.
6. If the inmate has a will, the inmate is responsible to identify the person who possesses or has access to it. If the inmate reports that he or she has no will, then the word "NONE" shall be entered into the appropriate box. **NOTE: THIS FORM IS NOT TO BE USED AS A WILL.**
7. If the inmate is a foreign national, written notification within 72 hours of the official notice of death shall be made to the appropriate consulate post. The notification shall include the inmate's name, CDC number, date and time of death, and the attending physician's name.
8. The information on this form shall be typed or legibly handwritten in ink by a staff member. Corrections shall not be made with correction fluid or tape. Required corrections shall be made by striking through information to be deleted, and providing a signature and printed name of the staff member making a correction.
9. Staff should consult the CDC Legal Affairs Division regarding any questions dealing with the release of the decedent's remains, property, or funds.
10. This form shall be placed as the top document in the Miscellaneous Section of the inmate's Central File. Updated forms shall be placed in reverse chronological order, the most recent being on top. Each form shall be retained in the C-File.
11. In the case of death, serious injury or serious illness, as determined by the attending physician, designated staff shall make a reasonable effort to notify each individual and next of kin listed on this form.